



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)
- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

|                                                                                                                                                                                                                   |  |                                                                                                                                |  |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|
| <b>A</b> For the 2011 calendar year, or tax year beginning , and ending                                                                                                                                           |  | <b>C</b> Name of organization<br>KEVIN M. EIDT SCHOLARSHIP FUND                                                                |  | <b>D</b> Employer identification number<br>06-1473626 |
| <b>B</b> Check if applicable                                                                                                                                                                                      |  | Number and street (or P O box, if mail is not delivered to street address) Room/suite                                          |  | <b>E</b> Telephone number                             |
| <input type="checkbox"/> Address change                                                                                                                                                                           |  | 7 BUMBLEBEE LANE                                                                                                               |  | 203-846-9718                                          |
| <input type="checkbox"/> Name change                                                                                                                                                                              |  | City or town state or country ZIP + 4                                                                                          |  | <b>F</b> Group Exemption Number ▶                     |
| <input type="checkbox"/> Initial return                                                                                                                                                                           |  | NORWALK CT 06851-1404                                                                                                          |  |                                                       |
| <input type="checkbox"/> Terminated                                                                                                                                                                               |  |                                                                                                                                |  |                                                       |
| <input type="checkbox"/> Amended return                                                                                                                                                                           |  |                                                                                                                                |  |                                                       |
| <input type="checkbox"/> Application pending                                                                                                                                                                      |  |                                                                                                                                |  |                                                       |
| <b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶                                                                                           |  | <b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) |  |                                                       |
| <b>I</b> Website: ▶ www.KevinsFund.org                                                                                                                                                                            |  |                                                                                                                                |  |                                                       |
| <b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |  |                                                                                                                                |  |                                                       |

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 198,306

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I. ☒

|                                                                                                                       |                                                                                                                                                                                                                                      |           |         |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>Revenue</b>                                                                                                        | <b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .                                                                                                                                                        | <b>1</b>  | 137,376 |
|                                                                                                                       | <b>2</b> Program service revenue including government fees and contracts . . . . .                                                                                                                                                   | <b>2</b>  |         |
|                                                                                                                       | <b>3</b> Membership dues and assessments . . . . .                                                                                                                                                                                   | <b>3</b>  |         |
|                                                                                                                       | <b>4</b> Investment income . . . . .                                                                                                                                                                                                 | <b>4</b>  | 25,906  |
|                                                                                                                       | <b>5a</b> Gross amount from sale of assets other than inventory . . . . .                                                                                                                                                            | <b>5a</b> | 15,099  |
|                                                                                                                       | <b>b</b> Less: cost or other basis and sales expenses . . . . .                                                                                                                                                                      | <b>5b</b> | 22,801  |
|                                                                                                                       | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .                                                                                                                           | <b>5c</b> | -7,702  |
|                                                                                                                       | <b>6</b> Gaming and fundraising events                                                                                                                                                                                               |           |         |
|                                                                                                                       | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .                                                                                                                                             | <b>6a</b> |         |
|                                                                                                                       | <b>b</b> Gross income from fundraising events (not including \$ 93,779 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . | <b>6b</b> | 19,925  |
| <b>c</b> Less: direct expenses from gaming and fundraising events . . . . .                                           | <b>6c</b>                                                                                                                                                                                                                            | 24,645    |         |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . | <b>6d</b>                                                                                                                                                                                                                            | -4,720    |         |
| <b>7a</b> Gross sales of inventory, less returns and allowances . . . . .                                             | <b>7a</b>                                                                                                                                                                                                                            |           |         |
| <b>b</b> Less: cost of goods sold . . . . .                                                                           | <b>7b</b>                                                                                                                                                                                                                            |           |         |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .                     | <b>7c</b>                                                                                                                                                                                                                            | 0         |         |
| <b>8</b> Other revenue (describe in Schedule O) . . . . .                                                             | <b>8</b>                                                                                                                                                                                                                             |           |         |
| <b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶                                             | <b>9</b>                                                                                                                                                                                                                             | 150,860   |         |
| <b>Expenses</b>                                                                                                       | <b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .                                                                                                                                                             | <b>10</b> | 133,000 |
|                                                                                                                       | <b>11</b> Benefits paid to or for members . . . . .                                                                                                                                                                                  | <b>11</b> |         |
|                                                                                                                       | <b>12</b> Salaries, other compensation, and employee benefits . . . . .                                                                                                                                                              | <b>12</b> |         |
|                                                                                                                       | <b>13</b> Professional fees and other payments to independent contractors . . . . .                                                                                                                                                  | <b>13</b> |         |
|                                                                                                                       | <b>14</b> Occupancy, rent, utilities, and maintenance . . . . .                                                                                                                                                                      | <b>14</b> |         |
|                                                                                                                       | <b>15</b> Printing, publications, postage, and shipping . . . . .                                                                                                                                                                    | <b>15</b> | 107     |
|                                                                                                                       | <b>16</b> Other expenses (describe in Schedule O) . . . . .                                                                                                                                                                          | <b>16</b> | 4,543   |
|                                                                                                                       | <b>17</b> <b>Total expenses.</b> Add lines 10 through 16. ▶                                                                                                                                                                          | <b>17</b> | 137,650 |
| <b>Net Assets</b>                                                                                                     | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .                                                                                                                                                  | <b>18</b> | 13,210  |
|                                                                                                                       | <b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .                                                                 | <b>19</b> | 120,604 |
|                                                                                                                       | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                                                                                                                             | <b>20</b> | 22,494  |
|                                                                                                                       | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20. ▶                                                                                                                                                 | <b>21</b> | 156,308 |

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II. ☒

|                                                                                                | (A) Beginning of year | (B) End of year   |
|------------------------------------------------------------------------------------------------|-----------------------|-------------------|
| <b>22</b> Cash, savings, and investments . . . . .                                             | 473,469               | <b>22</b> 493,209 |
| <b>23</b> Land and buildings . . . . .                                                         |                       | <b>23</b>         |
| <b>24</b> Other assets (describe in Schedule O) . . . . .                                      | 325                   | <b>24</b> 289     |
| <b>25</b> Total assets . . . . .                                                               | 473,794               | <b>25</b> 493,498 |
| <b>26</b> Total liabilities (describe in Schedule O) . . . . .                                 | 353,190               | <b>26</b> 337,190 |
| <b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21). . . . . | 120,604               | <b>27</b> 156,308 |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III. ☐**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? SEE ATTACHED STATEMENT

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**28** SEE ATTACHED STATEMENT(Grants \$ 133,000 ) If this amount includes foreign grants, check here ☐ **28a** 811**29**(Grants \$ ) If this amount includes foreign grants, check here ☐ **29a****30**(Grants \$ ) If this amount includes foreign grants, check here ☐ **30a****31** Other program services (describe in Schedule O) . . . . .(Grants \$ ) If this amount includes foreign grants, check here ☐ **31a****32** Total program service expenses. (add lines 28a through 31a) ☒ **32** 811**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

| (a) Name and address                                        | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------|
| CHRISTIAN H. EIDT<br>7 BUMBLEBEE LANE NORWALK CT 06851      | Title DIRECTOR<br>Hr/WK 10.00                            | 0                                                                          |                                                                                        |                                            |
| HELEN M. EIDT<br>7 BUMBLEBEE LANE NORWALK CT 06851          | Title DIRECTOR<br>Hr/WK 2.00                             | 0                                                                          |                                                                                        |                                            |
| CHRISTIAN J. EIDT<br>11 THISTLE LANE WILTON CT 06897        | Title DIRECTOR<br>Hr/WK 2.00                             | 0                                                                          |                                                                                        |                                            |
| CAROLYN H. STRAZZA<br>1 COACHMANS COURT NORWALK CT 06850    | Title DIRECTOR<br>Hr/WK 1.00                             | 0                                                                          |                                                                                        |                                            |
| SISTER GRACE CHRISTINE<br>424 84TH STREET BROOKLYN NY 11209 | Title DIRECTOR<br>Hr/WK 1.00                             | 0                                                                          |                                                                                        |                                            |
| SISTER GRACE ANN<br>40-34 196TH STREET FLUSHING NY 11358    | Title DIRECTOR<br>Hr/WK 1.00                             | 0                                                                          |                                                                                        |                                            |
|                                                             | Title<br>Hr/WK .00                                       | 0                                                                          |                                                                                        |                                            |
|                                                             | Title<br>Hr/WK .00                                       | 0                                                                          |                                                                                        |                                            |
|                                                             | Title<br>Hr/WK .00                                       | 0                                                                          |                                                                                        |                                            |
|                                                             | Title<br>Hr/WK .00                                       | 0                                                                          |                                                                                        |                                            |
|                                                             | Title<br>Hr/WK .00                                       | 0                                                                          |                                                                                        |                                            |
|                                                             | Title<br>Hr/WK .00                                       | 0                                                                          |                                                                                        |                                            |

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes        | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. . . . .                                                                                                                                                                                                                                                                    | <b>33</b>  | X  |
| <b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). . . . .                                                                                                                                                                             | <b>34</b>  | X  |
| <b>35 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .                                                                                                                                                                                                                                                | <b>35a</b> | X  |
| <b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                                                                                                                             | <b>35b</b> | X  |
| <b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. . . . .                                                                                                                                                                                                                        | <b>35c</b> | X  |
| <b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. . . . .                                                                                                                                                                                                                                                      | <b>36</b>  | X  |
| <b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>                                                                                                                                                                                                                                                                                                                                    |            |    |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                                          | <b>37b</b> | X  |
| <b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .                                                                                                                                                                                                        | <b>38a</b> | X  |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved. . . . .                                                                                                                                                                                                                                                                                                                                                              | <b>38b</b> |    |
| <b>39</b> Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                                                                                                                                                         |            |    |
| <b>a</b> Initiation fees and capital contributions included on line 9 . . . . .                                                                                                                                                                                                                                                                                                                                                                           | <b>39a</b> |    |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .                                                                                                                                                                                                                                                                                                                                                                  | <b>39b</b> |    |
| <b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶                                                                                                                                                                                                                                                                                      |            |    |
| <b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. . . . .                                                                                                                  | <b>40b</b> | X  |
| <b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . . ▶                                                                                                                                                                                                                                                       |            |    |
| <b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. . . . . ▶                                                                                                                                                                                                                                                                                                                         |            |    |
| <b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .                                                                                                                                                                                                                                                                                | <b>40e</b> | X  |
| <b>41</b> List the states with which a copy of this return is filed. ▶                                                                                                                                                                                                                                                                                                                                                                                    |            |    |
| <b>42 a</b> The organization's books are in care of ▶ <u>CHRISTIAN H. EIDT</u> Telephone no ▶ <u>203-846-9718</u><br>Located at ▶ <u>7 BUMBLEBEE LANE</u> City <u>NORWALK</u> ST <u>CT</u> ZIP + 4 ▶ <u>06851-1404</u>                                                                                                                                                                                                                                    |            |    |
| <b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> . . . . . | <b>42b</b> | X  |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶                                                                                                                                                                                                                                                                                     | <b>42c</b> | X  |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year. . . . . ▶ <b>43</b>                                                                                                                                                                                      |            |    |
| <b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. . . . .                                                                                                                                                                                                                                                                                                   | <b>44a</b> | X  |
| <b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. . . . .                                                                                                                                                                                                                                                                                               | <b>44b</b> | X  |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .                                                                                                                                                                                                                                                                                                                                                 | <b>44c</b> | X  |
| <b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. . . . .                                                                                                                                                                                                                                                                                                     | <b>44d</b> | X  |
| <b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                                                                                                                                             | <b>45a</b> | X  |
| <b>45 b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). . . . .                                                                                                                                                                                   | <b>45b</b> | X  |

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . .

|    | Yes | No |
|----|-----|----|
| 46 |     | X  |

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

|    | Yes | No |
|----|-----|----|
| 47 |     | X  |

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

|    |  |   |
|----|--|---|
| 48 |  | X |
|----|--|---|

- 49 a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

|     |  |   |
|-----|--|---|
| 49a |  | X |
|-----|--|---|

- b If "Yes," was the related organization a section 527 organization? . . . . .

|     |  |  |
|-----|--|--|
| 49b |  |  |
|-----|--|--|

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|----------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| Name None<br>City ST ZIP                                       | Title<br>Hr/WK .00                                       |                                                   |                                                                                         |                                            |
| Name<br>City ST ZIP                                            | Title<br>Hr/WK .00                                       |                                                   |                                                                                         |                                            |
| Name<br>City ST ZIP                                            | Title<br>Hr/WK .00                                       |                                                   |                                                                                         |                                            |
| Name<br>City ST ZIP                                            | Title<br>Hr/WK .00                                       |                                                   |                                                                                         |                                            |
| Name<br>City ST ZIP                                            | Title<br>Hr/WK .00                                       |                                                   |                                                                                         |                                            |

- f Total number of other employees paid over \$100,000 . . . . .

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------------------------------------------------------------------------------|---------------------|------------------|
| Name None<br>City ST ZIP                                                     |                     |                  |
| Name<br>City ST ZIP                                                          |                     |                  |
| Name<br>City ST ZIP                                                          |                     |                  |
| Name<br>City ST ZIP                                                          |                     |                  |
| Name<br>City ST ZIP                                                          |                     |                  |

- d Total number of other independent contractors each receiving over \$100,000 . . . . .

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here *Christian H. Eidt, Director* Date *5/14/12*  
Signature of officer  
CHRISTIAN H. EIDT, DIRECTOR  
Type or print name and title

Paid Preparer Use Only  
Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN  
SELF-PREPARED RETURN  
Firm's name Firm's EIN  
Firm's address Phone no

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☐ Yes ☐ No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

KEVIN M. EIDT SCHOLARSHIP FUND

Employer identification number

06-1473626

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box: \_\_\_\_\_ ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
- (ii) A family member of a person described in (i) above? \_\_\_\_\_
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|------------------------------------------------------------|----|-------------------------|
|                                    |          |                                                                                             | Yes                                                                    | No | Yes                                                             | No | Yes                                                        | No |                         |
| (A)                                |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    | 0                       |
| (B)                                |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    | 0                       |
| (C)                                |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    | 0                       |
| (D)                                |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    | 0                       |
| (E)                                |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    | 0                       |
| <b>Total</b>                       |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    | 0                       |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                          | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .                                                                                                  |          |          |          |          |          | 0         |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                     |          |          |          |          |          | 0         |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                                             |          |          |          |          |          | 0         |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .                                                                                                                                                                        | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4 . . . . .                                                                                                                                                         |          |          |          |          |          | 0         |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                                       | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4 . . . . .                                                                                                                                                                                              | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                                                   |          |          |          |          |          | 0         |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                                               |          |          |          |          |          | 0         |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .                                                                                                                 |          |          |          |          |          | 0         |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .                                                                                                                                                                           |          |          |          |          |          | 0         |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                                                 |          |          |          |          | 12       |           |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                                                       | <b>14</b> | 0.00% |
| <b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                                             | <b>15</b> | 0.00% |
| <b>16a 33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>                                                                                                                                                                           |           |       |
| <b>b 33 1/3% support test—2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>                                                                                                                                                                        |           |       |
| <b>17a 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>    |           |       |
| <b>b 10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |           |       |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                |           |       |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                      | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                         | 113,263  | 104,530  | 116,401  | 115,042  | 137,376  | 586,612   |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. | -2,002   | 12,836   | -5,071   | 1,298    | -4,720   | 2,341     |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                              |          |          |          |          |          | 0         |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                           |          |          |          |          |          | 0         |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                   |          |          |          |          |          | 0         |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                              | 111,261  | 117,366  | 111,330  | 116,340  | 132,656  | 588,953   |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                 | 18,930   | 18,578   | 35,452   | 27,655   | 34,169   | 134,784   |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year            |          |          |          |          |          | 0         |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                       | 18,930   | 18,578   | 35,452   | 27,655   | 34,169   | 134,784   |
| <b>8 Public support.</b> (Subtract line 7c from line 6)                                                                                                                            |          |          |          |          |          | 454,169   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                           | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6                                                                                                                                                                                            | 111,261  | 117,366  | 111,330  | 116,340  | 132,656  | 588,953   |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                               | 47,967   | 45,808   | 25,990   | 23,410   | 25,906   | 169,081   |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                                        |          |          |          |          |          | 0         |
| <b>c</b> Add lines 10a and 10b                                                                                                                                                                                          | 47,967   | 45,808   | 25,990   | 23,410   | 25,906   | 169,081   |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                                                   |          |          |          |          |          | 0         |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                                                               | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)                                                                                                                                                                 | 159,228  | 163,174  | 137,320  | 139,750  | 158,562  | 758,034   |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                  |           |        |
|--------------------------------------------------------------------------------------------------|-----------|--------|
| <b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | 59.91% |
| <b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15.                     | <b>16</b> | 62.70% |

**Section D. Computation of Investment Income Percentage**

|                                                                                                       |           |        |
|-------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | 22.31% |
| <b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17.                       | <b>18</b> | 22.91% |

**19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☒

**b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

KEVIN M. EIDT SCHOLARSHIP FUND  
06-1473626  
STATEMENT TO 2011 FORM 990  
Part III - Lines 1 and 4

THIS ORGANIZATION'S PRIMARY PURPOSE IS TO STIMULATE, PROMOTE, DEVELOP, AND SUSTAIN THE PUBLIC GOOD BY ACKNOWLEDGING AND SUPPORTING EDUCATIONAL ACHIEVEMENT AND COMMITMENT TO COMMUNITY SERVICE THROUGH SCHOLARSHIPS.

| REF. | 2011 PROGRAM SERVICE EXPENSES (B)                                                                                                                                                                                             | CURRENT YEAR GRANTS AWARDED (A)          | 2011 GRANTS | PRIOR YEAR GRANTS | PREPAID GRANTS | TOTAL GRANTS | GRANTS PAYABLE 12/31/2011 |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------|-------------------|----------------|--------------|---------------------------|
|      |                                                                                                                                                                                                                               |                                          |             |                   |                |              |                           |
| 1    | RECOGNIZED DEMONSTRATED ACHIEVEMENT BY A GRADUATING NORWALK HIGH SCHOOL SENIOR IN THE AREAS OF ACADEMICS, ATHLETICS, THE ARTS, AND COMMUNITY SERVICE. 2011 GRANT WAS A FOUR YEAR SCHOLARSHIP TO THE COLLEGE OF THE HOLY CROSS | 100,000                                  | 15,000      | 96,250            |                | 111,250      | 210,000                   |
| 2    | RECOGNIZED DEMONSTRATED ACHIEVEMENT BY A GRADUATING NORWALK HIGH SCHOOL SENIOR IN THE AREAS OF ACADEMICS, ATHLETICS, THE ARTS, AND COMMUNITY SERVICE. 2011 GRANT WAS NOT AWARDED                                              | 0                                        | 0           | 0                 |                | 0            | 1,000                     |
| 3    | RECOGNIZED A GRADUATING SENIOR WHO AS A MEMBER OF THE NORWALK HIGH SCHOOL MARCHING BAND, ACHIEVED THE HIGHEST FOUR YEAR GRADE POINT AVERAGE. 2011 GRANT WAS A FOUR YEAR SCHOLARSHIP TO UNIVERSITY OF CONNECTICUT              | 1,000                                    | 1,000       | 3,500             |                | 4,500        | 5,000                     |
| 4    | RECOGNIZED A GRADUATING SENIOR WHO AS A MEMBER OF THE ST. JEROME (NORWALK, CT) PARISH YOUTH GROUP, DEMONSTRATED COMMITMENT TO THEIR COMMUNITY. 2011 GRANT WAS A FOUR YEAR SCHOLARSHIP TO UNIVERSITY OF CONNECTICUT            | 4,000                                    | 500         | 3,750             |                | 4,250        | 7,825                     |
| 5    | RECOGNIZED SENIOR IN THE BOSTON COLLEGE LUTHERY ARTS GROUP FOR DEMONSTRATED COMMITMENT TO THEIR MUSIC AND THEIR COMMUNITY. NO GRANTS MADE AFTER 12/31/2007                                                                    |                                          |             |                   |                | 0            | 0                         |
| 6    | RECOGNIZED JUNIOR IN THE BOSTON COLLEGE CARROLL SCHOOL OF MANAGEMENT HONORS PROGRAM WITH DEMONSTRATED ACADEMIC ACHIEVEMENT, CHARACTER LEADERSHIP AND SCHOOL SPIRIT. 2011 GRANT WAS A ONE TIME SCHOLARSHIP TO BOSTON COLLEGE   | 7,000                                    | 7,000       |                   | 1,000          | 8,000        | (3,435)                   |
| 7    | RECOGNIZED GRADUATING SENIOR WHO AS A MEMBER OF THE NORWALK HIGH SCHOOL JAZZ BAND DEMONSTRATED COMMITMENT TO THE JAZZ PROGRAM. 2011 GRANT WAS A ONE TIME SCHOLARSHIP TO WESTERN CONNECTICUT UNIVERSITY                        | 1,000                                    | 1,000       |                   |                | 1,000        | 1,000                     |
| 8    | RECOGNIZED GRADUATING SENIOR WHO AS A MEMBER OF THE NORWALK HIGH SCHOOL ORCHESTRA MADE AN OUTSTANDING CONTRIBUTION TO THE ORCHESTRA PROGRAM. 2011 GRANT WAS A ONE TIME SCHOLARSHIP TO SUNY FREDONIA                           | 1,000                                    | 1,000       |                   |                | 1,000        | 0                         |
| 9    | RECOGNIZED GRADUATING SENIOR WHO AS A MEMBER OF THE NORWALK HIGH SCHOOL MADE AN OUTSTANDING CONTRIBUTION TO THE SCHOOL AS A MEMBER OF AN ATHLETE. 2011 GRANT WAS A ONE TIME SCHOLARSHIP TO FAIRFIELD UNIVERSITY               | 1,000                                    | 1,000       |                   |                | 1,000        | 0                         |
| 10   | RECOGNIZED GRADUATING SENIOR WHO AS A MEMBER OF NORWALK HIGH SCHOOL DEMONSTRATED OUTSTANDING COMMUNITY SERVICE. THE 2011 GRANT WAS A ONE TIME SCHOLARSHIP TO SUSQUEHANNA UNIVERSITY                                           | 1,000                                    | 1,000       |                   |                | 1,000        | 0                         |
| 11   | RECOGNIZED GRADUATING MEMBER OF THE ST. JEROME YOUTH GROUP WHO SCHOOL DEMONSTRATED OUTSTANDING COMMUNITY SERVICE. THE 2011 GRANT WAS A ONE TIME SCHOLARSHIP TO LOYOLA MARYLAND                                                | 1,000                                    | 1,000       |                   |                | 1,000        | 0                         |
|      |                                                                                                                                                                                                                               | 117,000                                  | 28,500      | 103,500           | 1,000          | 133,000      | 222,150                   |
|      |                                                                                                                                                                                                                               | TOTAL 2011 SCHOLARSHIPS PAID             |             |                   |                |              | 133,000                   |
|      |                                                                                                                                                                                                                               | 2012 SCHOLARSHIPS ANNOUNCED BUT NOT PAID |             |                   |                |              | 115,000                   |
|      |                                                                                                                                                                                                                               | ACCRUED SCHOLARSHIPS PAYABLE @ 12/31     |             |                   |                |              | 337,150                   |

NOTES

- A COLUMN REFLECTS THE VALUE OF THE SCHOLARSHIP AWARDED TO RECIPIENTS DURING THE 2011 CALENDAR YEAR.  
B PROGRAM SERVICE EXPENSE REFLECTS SCHOLARSHIP PAYMENTS MADE DURING THE 2011 CALENDAR YEAR.

2011 GRANTS PAID BY SCHOOL

|                           |         |
|---------------------------|---------|
| BOSTON COLLEGE            | 38,000  |
| GEORGETOWN                | 30,000  |
| COLLEGE OF THE HOLY CROSS | 15,500  |
| TUFTS UNIVERSITY          | 25,000  |
| UNIVERSITY OF CONNECTICUT | 2,750   |
| STONEDILL COLLEGE         | 1,600   |
| TEMPLE UNIVERSITY         | 1,250   |
| SAN FRANCISCO UNIVERSITY  | 1,250   |
| FAIRFIELD COLLEGE         | 1,000   |
| SUNY FREDONIA             | 1,000   |
| WESTERN CONNECTICUT       | 1,000   |
| LOYOLA MARYLAND           | 1,000   |
| SUSQUEHANNA               | 1,000   |
| TOTAL GRANTS PAID         | 133,000 |

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2011

**Open to Public Inspection**

Name of the organization

KEVIN M. EIDT SCHOLARSHIP FUND

Employer identification number

06-1473626

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |                                                             |                                                                  |
|-------------------------------------------------------------|------------------------------------------------------------------|
| a <input checked="" type="checkbox"/> Mail solicitations    | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations              | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations          |                                                                  |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual<br>or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have<br>custody or control of<br>contributions? |    | (iv) Gross receipts<br>from activity | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
|--------------------------------------------------------------|---------------|----------------------------------------------------------------------|----|--------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------|
|                                                              |               | Yes                                                                  | No |                                      |                                                                           |                                                         |
| 1                                                            |               |                                                                      |    | 0                                    | 0                                                                         | 0                                                       |
| 2                                                            |               |                                                                      |    | 0                                    | 0                                                                         | 0                                                       |
| 3                                                            |               |                                                                      |    | 0                                    | 0                                                                         | 0                                                       |
| 4                                                            |               |                                                                      |    | 0                                    | 0                                                                         | 0                                                       |
| 5                                                            |               |                                                                      |    | 0                                    | 0                                                                         | 0                                                       |
| 6                                                            |               |                                                                      |    | 0                                    | 0                                                                         | 0                                                       |
| 7                                                            |               |                                                                      |    | 0                                    | 0                                                                         | 0                                                       |
| 8                                                            |               |                                                                      |    | 0                                    | 0                                                                         | 0                                                       |
| 9                                                            |               |                                                                      |    | 0                                    | 0                                                                         | 0                                                       |
| 10                                                           |               |                                                                      |    | 0                                    | 0                                                                         | 0                                                       |
| <b>Total</b>                                                 |               |                                                                      |    | 0                                    | 0                                                                         | 0                                                       |

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CT

**Part II**

**Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |                                                                          | (a) Event #1<br><u>VEFIT DINNER DAN</u><br>(event type) | (b) Event #2<br><u>GOLF TOURNAMEN</u><br>(event type) | (c) Other events<br><u>NONE</u><br>(total number) | (d) Total events<br>(add col (a) through<br>col (c)) |
|-----------------|--------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------|------------------------------------------------------|
|                 |                                                                          |                                                         |                                                       |                                                   |                                                      |
| Revenue         | 1 Gross receipts . . . . .                                               | 100,339                                                 | 13,365                                                | 0                                                 | 113,704                                              |
|                 | 2 Less: Charitable contributions . . . . .                               | 85,414                                                  | 8,365                                                 | 0                                                 | 93,779                                               |
|                 | 3 Gross income (line 1 minus line 2) . . . . .                           | 14,925                                                  | 5,000                                                 | 0                                                 | 19,925                                               |
| Direct Expenses | 4 Cash prizes . . . . .                                                  | 0                                                       | 100                                                   | 0                                                 | 100                                                  |
|                 | 5 Noncash prizes . . . . .                                               | 838                                                     | 1,276                                                 | 0                                                 | 2,114                                                |
|                 | 6 Rent/facility costs . . . . .                                          | 2,936                                                   | 3,213                                                 | 0                                                 | 6,149                                                |
|                 | 7 Food and beverages . . . . .                                           | 10,957                                                  | 600                                                   | 0                                                 | 11,557                                               |
|                 | 8 Entertainment . . . . .                                                | 2,000                                                   | 0                                                     | 0                                                 | 2,000                                                |
|                 | 9 Other direct expenses . . . . .                                        | 2,098                                                   | 627                                                   | 0                                                 | 2,725                                                |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . |                                                         |                                                       |                                                   | ( 24,645)                                            |
|                 | 11 Net income summary. Combine line 3, column (d), and line 10 . . . . . |                                                         |                                                       |                                                   | -4,720                                               |
|                 |                                                                          |                                                         |                                                       |                                                   |                                                      |
|                 |                                                                          |                                                         |                                                       |                                                   |                                                      |

**Part III**

**Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |                                                                             | (a) Bingo                                                          | (b) Pull tabs/instant<br>bingo/progressive bingo                   | (c) Other gaming                                                   | (d) Total gaming (add<br>col (a) through col (c)) |
|-----------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------|
|                 |                                                                             |                                                                    |                                                                    |                                                                    |                                                   |
| Revenue         | 1 Gross revenue . . . . .                                                   |                                                                    |                                                                    |                                                                    | 0                                                 |
| Direct Expenses | 2 Cash prizes . . . . .                                                     |                                                                    |                                                                    |                                                                    | 0                                                 |
|                 | 3 Noncash prizes . . . . .                                                  |                                                                    |                                                                    |                                                                    | 0                                                 |
|                 | 4 Rent/facility costs . . . . .                                             |                                                                    |                                                                    |                                                                    | 0                                                 |
|                 | 5 Other direct expenses . . . . .                                           |                                                                    |                                                                    |                                                                    | 0                                                 |
|                 | 6 Volunteer labor . . . . .                                                 | <input type="checkbox"/> Yes _____%<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____%<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____%<br><input type="checkbox"/> No |                                                   |
|                 | 7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .     |                                                                    |                                                                    |                                                                    | ( 0)                                              |
|                 | 8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . . |                                                                    |                                                                    |                                                                    | 0                                                 |

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ .....

Address ▶ .....

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0.
- c If "Yes," enter name and address of the third party.

Name ▶ .....

Address ▶ .....

16 Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 0

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Employer identification number

KEVIN M. EIDT SCHOLARSHIP FUND

06-1473626

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: , Grantee: , Cash Grant: 133,000,

Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 555

Form 990-EZ, Part I, Line 16, Other Expenses: RAM MANAGEMENT FEES: 3,838

Form 990-EZ, Part I, Line 16, Other Expenses: ST JEROME PERPETUAL SCHOLARSHIP PLAQUE: 150

Form 990-EZ, Part I, Line 20, Net Assets: CHANGE IN UNREALIZED APPRECIATION OF INVESTMENTS:

6,493

Form 990-EZ, Part I, Line 20, Net Assets: CHANGE IN SCHOLARSHIPS PAYABLE: 16,000

Form 990-EZ, Part I, Line 20, Net Assets: ROUNDING: 1

Form 990-EZ, Part II, Line 24, Other Assets: PREPAID EXPENSES: Beginning of year: 325, End of

year: 289

Form 990-EZ, Part II, Line 26, Liabilities: ACCRUED SCHOLARSHIPS PAYABLE: Beginning of year:

353,190, End of year: 337,190

Name of the organization

Employer identification number

KEVIN M. EIDT SCHOLARSHIP FUND

06-1473626

**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

|    |                                                                           |    |         |
|----|---------------------------------------------------------------------------|----|---------|
| 1  | Contributions . . . . .                                                   | 1  | 15,728  |
| 2  | Noncash contributions . . . . .                                           | 2  | 27,869  |
| 3  | Membership dues and assessments (contributions from the public) . . . . . | 3  |         |
| 4  | Government contributions (grants) . . . . .                               | 4  |         |
| 5  | Commercial co-venture . . . . .                                           | 5  |         |
| 6  | Special events contributions (Line 6 - Special Events). . . . .           | 6  | 93,779  |
| 7  | Associated organization contributions . . . . .                           | 7  |         |
| 8  |                                                                           | 8  |         |
| 9  |                                                                           | 9  |         |
| 10 |                                                                           | 10 |         |
| 11 | Total . . . . .                                                           | 11 | 137,376 |

**Part I, Line 4 (990-EZ) - Investment Income**

|   |                                                              |   |        |
|---|--------------------------------------------------------------|---|--------|
| 1 | Interest on savings and temporary cash investments . . . . . | 1 | 1,337  |
| 2 | Dividends and interest from securities . . . . .             | 2 | 24,569 |
| 3 | Gross rents . . . . .                                        | 3 |        |
| 4 | Other investment income . . . . .                            | 4 |        |
| 5 | Total . . . . .                                              | 5 | 25,906 |

**Part I, Line 5 (990-EZ) - Gain/Loss From Sale Of Assets Other Than Inventory**

| Index | Description                 | Check if<br>gain/loss is<br>from sale of<br>public<br>securities | Check if<br>gain/loss is<br>from sale of<br>non public<br>securities | Check if<br>purchaser<br>is a<br>business | Purchaser | Date<br>acquired | Acquisition<br>method | Date<br>sold | Gross sales<br>price | Cost or other basis<br>(Enter one field only) |                  | Expense<br>of sale and<br>cost of<br>improve-<br>ments | Depreciation | Description of<br>Basis Method |
|-------|-----------------------------|------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------|-----------|------------------|-----------------------|--------------|----------------------|-----------------------------------------------|------------------|--------------------------------------------------------|--------------|--------------------------------|
|       |                             |                                                                  |                                                                      |                                           |           |                  |                       |              |                      | Cost                                          | Donated<br>value |                                                        |              |                                |
| 1     | RAM / E-TRADE / XL HOLDINGS | X                                                                |                                                                      |                                           |           |                  |                       |              | 15,099               | 22,801                                        |                  |                                                        |              |                                |
| 2     |                             |                                                                  |                                                                      |                                           |           |                  |                       |              |                      |                                               |                  |                                                        |              |                                |
| 3     |                             |                                                                  |                                                                      |                                           |           |                  |                       |              |                      |                                               |                  |                                                        |              |                                |
| 4     |                             |                                                                  |                                                                      |                                           |           |                  |                       |              |                      |                                               |                  |                                                        |              |                                |
| 5     |                             |                                                                  |                                                                      |                                           |           |                  |                       |              |                      |                                               |                  |                                                        |              |                                |
| 6     |                             |                                                                  |                                                                      |                                           |           |                  |                       |              |                      |                                               |                  |                                                        |              |                                |
| 7     |                             |                                                                  |                                                                      |                                           |           |                  |                       |              |                      |                                               |                  |                                                        |              |                                |
| 8     |                             |                                                                  |                                                                      |                                           |           |                  |                       |              |                      |                                               |                  |                                                        |              |                                |
| 9     |                             |                                                                  |                                                                      |                                           |           |                  |                       |              |                      |                                               |                  |                                                        |              |                                |
| 10    |                             |                                                                  |                                                                      |                                           |           |                  |                       |              |                      |                                               |                  |                                                        |              |                                |

  

| Totals                |  |             |                                |
|-----------------------|--|-------------|--------------------------------|
|                       |  | Gross sales | Cost, other basis and expenses |
| Public Securities     |  | 15,099      | 22,801                         |
| Non-Public Securities |  | 0           | 0                              |
| Other sales           |  | 0           | 0                              |

**Part II (Sch G (990/990EZ)) - Events**

|    | Event type           | Line 1  | Line 2<br>Less<br>(Charitable<br>contributions) | Line 3<br>Gross income<br>(line 1 minus<br>line 2) | Line 4<br>Cash prizes | Line 5<br>Noncash<br>prizes | Line 6<br>Rent/facility<br>costs | Line 7<br>Food and<br>beverages | Line 8<br>Entertainment | Line 9<br>Other direct<br>expenses |
|----|----------------------|---------|-------------------------------------------------|----------------------------------------------------|-----------------------|-----------------------------|----------------------------------|---------------------------------|-------------------------|------------------------------------|
| 1  | BENEFIT DINNER DANCE | 100,339 | 85,414                                          | 14,925                                             | 0                     |                             | 2,936                            | 10,957                          | 2,000                   | 2,098                              |
| 2  | GOLF TOURNAMENT      | 13,365  | 8,365                                           | 5,000                                              | 100                   |                             | 3,219                            | 600                             | 0                       | 627                                |
| 3  |                      |         |                                                 | 0                                                  |                       |                             |                                  |                                 |                         |                                    |
| 4  |                      |         |                                                 | 0                                                  |                       |                             |                                  |                                 |                         |                                    |
| 5  |                      |         |                                                 | 0                                                  |                       |                             |                                  |                                 |                         |                                    |
| 6  |                      |         |                                                 | 0                                                  |                       |                             |                                  |                                 |                         |                                    |
| 7  |                      |         |                                                 | 0                                                  |                       |                             |                                  |                                 |                         |                                    |
| 8  |                      |         |                                                 | 0                                                  |                       |                             |                                  |                                 |                         |                                    |
| 9  |                      |         |                                                 | 0                                                  |                       |                             |                                  |                                 |                         |                                    |
| 10 |                      |         |                                                 | 0                                                  |                       |                             |                                  |                                 |                         |                                    |
| 11 |                      |         |                                                 | 0                                                  |                       |                             |                                  |                                 |                         |                                    |
| 12 |                      |         |                                                 | 0                                                  |                       |                             |                                  |                                 |                         |                                    |
| 13 |                      |         |                                                 | 0                                                  |                       |                             |                                  |                                 |                         |                                    |
| 14 |                      |         |                                                 | 0                                                  |                       |                             |                                  |                                 |                         |                                    |
| 15 |                      |         |                                                 | 0                                                  |                       |                             |                                  |                                 |                         |                                    |
| 16 |                      |         |                                                 | 0                                                  |                       |                             |                                  |                                 |                         |                                    |
| 17 |                      |         |                                                 | 0                                                  |                       |                             |                                  |                                 |                         |                                    |
| 18 |                      |         |                                                 | 0                                                  |                       |                             |                                  |                                 |                         |                                    |
| 19 |                      |         |                                                 | 0                                                  |                       |                             |                                  |                                 |                         |                                    |
| 20 |                      |         |                                                 | 0                                                  |                       |                             |                                  |                                 |                         |                                    |

**Kevin M. Eidt Scholarship Fund**  
**06-1473626**  
**2011 Form 990EZ**  
**Statement to Part III**

The objective of the Fund is to recognize through scholarships demonstrated achievement across the spectrum of academics, arts, athletics, and community service. Scholarships are paid directly to the recipient's college or university. The 2011 scholarships supported by Kevin's Fund are:

1. \$100,000 to a graduating senior at Norwalk HS with demonstrated achievement across the spectrum of academics, arts, athletics, and community and religious service.
2. \$7,000 to a junior at Boston College in the School of Management Honors Program who has demonstrated the unique combination of academic achievement, character, leadership, and school spirit similar to Kevin's.
3. \$4,000 to a graduating senior in the St. Jerome parish youth group with demonstrated commitment to community and religious service.
4. \$1,000 to a graduating senior at Norwalk HS who as a member of the Marching Band achieved the highest cumulative grade point average similar to Kevin's accomplishment.
5. \$1,000 to a graduating senior at Norwalk HS who as a member of the Jazz Ensemble has demonstrated leadership and character similar to Kevin.
6. \$1,000 to a graduating senior at Norwalk HS who as a member of the Orchestra has made an outstanding contribution to the orchestra and has made themselves a role model for others.
7. \$1,000 to a graduating senior at Norwalk HS who has made an outstanding contribution to Norwalk High School both as a scholar and as an athlete.
8. \$2,000 at the discretion of the Board of Directors to award graduating seniors with demonstrated accomplishments in one or more of the areas of academics, arts, athletics, and community service.

Kevin's Fund grants scholarships to individuals with demonstrated achievements in academics, athletics, arts, and community and religious service. All scholarships are payable to accredited United States colleges or Universities. The Fund provides both one time awards and awards payable over a four year college career. To maintain the latter awards, the recipient must meet certain academic standards and conduct standards within their school and their community.

During 2011 Kevin's Fund announced the availability of \$115,000 in scholarships to the class of 2012. This brings the value of scholarships awarded by the Fund since its inception to over \$1,257,750 awarded to 94 individuals. During the academic year commencing in the fall of 2011 Kevin's Fund is providing financial support to 17 students matriculating at Georgetown, Boston College (3), Tufts, Holy Cross, San Francisco, Temple, Stonehill, Connecticut (3), Bryant, Susquehanna, SUNY Fredonia, Loyola of Maryland, and Western Connecticut.